



Practitioner's Docket No. 7077-4

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Maurer, Scott D.
Application No.: 09/337,243
Filed: 06/22/1999
For: Architectural Molding

Group No.: 3635
Examiner: Safavi, M.

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

10/16/2001 SLUANG1 00000070 09337243
02 FC:203 81.00 0p
03 FC:122 130.00 0p
Date: October 12, 2001

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Signature

Michelle E. Hujar
(type or print name of person certifying)

(Amendment Transmittal--page 1 of 2)

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	48	Minus	39	= 9	x \$9 =	\$81
Indep.	6	Minus	6	= 0	x \$40 =	\$0
First Presentation of Multiple Dependent Claim					+ \$135 =	\$0
					Total Addit. Fee	\$81

- * If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
 ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

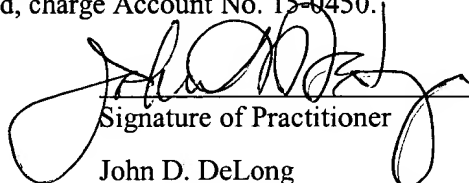
Total additional fee for claims required \$81.00

FEE PAYMENT

5. Attached is a check in the sum of \$81.00 plus \$130.00 for Suspension Period plus \$370.00 for RCE application for a total of \$581.00.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 15-0450.
 If any additional fee for claims is required, charge Account No. 15-0450.


 Signature of Practitioner

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